



## WRITTEN CONTROL DOCUMENT APPROVAL SUMMARY REPORT HEALTH AND SAFETY AND EMERGENCY PLANNING SUB COMMITTEE

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	6 March 2023
<b>TITLE OF WRITTEN CONTROL DOCUMENT:</b>	(Revised) Contractor Control Policy 541
<b>ARWEINYDD CYFARWYDDWR: EXECUTIVE LEAD (POLICY ONLY)</b>	Andrew Carruthers – Executive Director of Operations
<b>SWYDDOG ADRODD: REPORTING OFFICER: (CHAIR OF OWNING GROUP)</b>	Simon Chiffi – Head of Operations

### ADRODDIAD REPORT

#### Sefyllfa / Situation

The Health and Safety Committee are asked to approve the revised Contractor Control Policy 541 (Appendix 1) on behalf of the Hywel Dda University Health Board (Health Board). This report provides the required assurance that Policy 190 – Written Control Documentation (WCD) has been adhered to in the review of this policy and is therefore in line with legislation/regulations, available evidence base and can be implemented within the Health Board.

#### Cefndir / Background

##### 1. Brief summary of the WCD:

This policy clearly sets out instructions and expectations for management to fulfil its responsibilities to effectively manage contractors working within Health Board premises.

##### 2. Scope of the WCD:

This policy applies to all contractors, subcontractors, Health Board staff, patients, visitors, and the public, and to all Health Board premises\* where work performed by contractors affects the fabric of the building, its engineering services, and all associated plant, machinery and equipment.

Whilst it is acknowledged that the Construction (Design & Management) Regulations (CDM) 2015 applies to all construction projects, this scope of this policy applies the best principles of CDM 2015 to single-contractor work / minor works schemes; additional requirements are imposed under these regulations where two or more contractors are engaged on a construction project, which must be managed by professional estates staff as detailed within the Health Board's *CDM 2015 Procedures Manual* (issue pending).

(\* where the responsibility for operational maintenance resides with the Health Board)

##### 3. Reason(s) for reviewing the Policy:

This policy required updating as it had reached its three yearly review period, this has also provided an opportunity to ensure that any changes to the guidance and any supporting technical specifications are also reflected in the new document.

#### 4. Aim(s) of the Policy:

This policy aims to ensure so far as is reasonably practicable the health, safety, and welfare of Health Board Staff, patients, visitors, contractors and subcontractors, the public, and all others who could be affected by the activities of contractors.

To achieve this, safety will be considered at each phase of the work, with effective cooperation, communication, and coordination between all parties throughout the planning, design, and delivery stages of the project.

#### 5. Summary of changes

- 1) Change of policy document template to the current template version and completion of the document summary section.
- 2) *Reviews and updates* subsection has been updated to include this version of the policy.
- 3) *Contents* section has been updated in-line with the current document template and the section numbering.
- 4) Paragraph 5.2.1 *Health, Safety, and Security Department* – Reference to the Security and Case Manager has been removed.
- 5) Paragraph 6.2.2 *Clinical Engineering Department* – Reference to Clinical Engineering services working towards the international standard ISO 18485:2016 has been removed for clarity.
- 6) Subsection 7.5.1 *Audit* – The frequency of auditing has been changed from *bi-annual* to *periodic*, and reference to the *Estates Compliance Officer* has been changed to *Estates Compliance Team*.
- 7) *Section 8 Flowchart and summary of actions* – The flowchart and supporting summary has been removed from the appendices section and instated within the main body of text.
- 8) Section 9 Appendices – the four forms which support the policy are displayed as jpeg images rather than as text, to aid future updating of the forms and the policy.

### Assurance

#### 1. Equality Impact Assessment (EQUIA) (Appendix 3)

A full Equality Impact Assessment was carried out when the policy was originally developed by the compliance team.

The revised policy has been checked for gender neutrality, and a subsequent Summary Equality Impact Assessment has been completed by Robin Smith and reviewed by Alan Winters.

#### 3. Evidence base:

The following reference sources have been used in the compilation of this revised Contractor Control Policy:

- HSE guidance *L153 Managing health and safety in construction*.
- HSE guidance *HSG159 Managing contractors: A guide for employers*.
- HSE guidance *INDG36 Using contractors – A brief guide*.
- Review of policy content of other Health Boards within NHS Wales for comparison purposes.

#### 4. Compliance with Legislation / Regulations:

Full adherence with the content of this policy will demonstrate that as far as reasonably practicable the Health Board has complied with the applicable requirements of the Construction (Design and Management) Regulations 2015 and its approved code of practice and supporting HSE guidance.

##### 4.1. Interested Parties:

The Health & Safety and Emergency Planning Sub-Committee to which this document is tabled is the owning committee for its approval. To support this approval, this policy has also been circulated to the Head of Maintenance & Engineering, Senior Estates Officers, and Estates Officers.

#### 5. Consultation:

The document has been submitted for consultation with the Estates Departments Senior Estates Officers and Estates Officers between 03/02/2023 - 09/03/2023; no comments were received.

#### 6. Dissemination:

The policy will be made available on the Health Board's policy page, the roll out of this Policy will be via global e-mail followed by a targeted e-mail campaign at a senior level for dissemination within departments and for managers. It will also be tabled for discussion and dissemination at future water safety group meetings when required.

#### 7. Implementation:

The policy will be made available to all staff within the Health Board via the intranet policy page.

#### 8. Monitoring:

It is essential that continued monitoring is carried out to establish the effectiveness of this policy. The outcome of this monitoring will determine what measures are required in order to improve specific aspects of non-compliance or lack of adherence to the policy. Principally this will be the responsibility of the Operations Compliance Team to determine what actions will be necessary. This will then be further escalated to the Health and Safety and Emergency Planning Sub Committee for future reporting when requested.

#### Argymhelliad / Recommendation

For the Health and Safety Committee to approve the revised Contractor Control Policy for the Health Board.

Objectives: (must be completed)	
Safon(au) Gofal Iechyd: Health and Care Standard(s): <a href="#">Health Care Standards</a>	2.1 Managing risk and promoting health and safety
Amcanion Strategol y BI: HB Strategic Objectives:	To ensure the Health Board is compliant with its duties concerning the management of asbestos under the Health and Safety at Work etc. Act 1974 (HASWA) and under the Management of Health and Safety at Work Regulations 1999, and the Construction (Design and Management) Regulations 2015.

# Contractor Control Policy

## Policy information

Policy number: 541

Classification: Corporate

Supersedes: Contractor Control Policy V1

Version number: 2.0

Date of Equality Impact Assessment:  
10/02/2023

## Approval information

Approved by: Health and Safety Committee

Date of approval:  
*Enter approval date*

Date made active:  
*Enter date made active (completion by policy team)*

Review date:  
*Enter review date (normally three years from approval date)*

Summary of document:

This policy has been written to comply with the Health and Safety at Work Act 1974 which places a duty upon organisations to, so far as is reasonable practicable, ensure the health, safety and welfare of its staff and anyone else who may come into contact with its undertakings. This includes contractors and subcontractors and anyone else who may be affected by their activities.

The policy affects all contractors, subcontractors, Health Board staff, patients, visitors, and the public. It applies to all Health Board locations where work performed by contractors affects the fabric of the building, its engineering services, and all associated plant, machinery and equipment.

To be read in conjunction with:

[010 - Health and Safety Policy](#) – opens in a new tab

[020 - Asbestos Policy](#) – opens in a new tab

[144 - Operational Maintenance Policy](#) – opens in a new tab

[156 - Risk Management Strategy & Policy](#) – opens in a new tab

[674 – Risk Assessment Procedure](#) – opens in a new tab

[894 – Putting things right policy](#) – opens in a new tab

Owning group:

Compliance and Operations Group

10/02/2023

Executive Director job title:

Deputy Chief Executive / Director of Operations

Reviews and updates:

1 New Policy

2 Reviewed minor changes [10/02/2023]

Keywords

Hazard, Risk Assessment, Method Statements, Safe Systems of Work, Maintenance, Emergency, Out of Hours, Asbestos, Confined Space, Fire, Working at Height, Contractors, Design, Construction job requisition form Construction Regulations H&SE, Health & Safety Executive.

Glossary of terms

HDUHB - Hywel Dda University Health Board

Contracts - All contracts within the scope of this policy

CCP - Contractor Control Policy

CDM - Construction (Design and Management) Regulations 2015

HSE - Health and Safety Executive

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## Introduction

### Scope

The policy affects all contractors, subcontractors, Health Board staff, patients, visitors, and the public. It applies to all Health Board locations where work performed by contractors affects the fabric of the building, its engineering services, and all associated plant, machinery and equipment. The CDM Regulations 2015 applies to all construction projects. This policy is in accordance with the best principles of CDM, but where two or more contractors are engaged on a construction project additional requirements are imposed under these regulations which must be managed by professional estates staff.

### Aim

The aim of this document is to ensure so far as is reasonably practicable the health, safety, and welfare of Health Board staff, patients, visitors, contractors and subcontractors, the public, and all others who could be affected by the activities of contractors. To achieve this, safety will be considered at each phase of the work, with effective cooperation, communication, and coordination between all parties throughout the planning, design, and delivery stages of the project.

### Objectives

The aim will be achieved by ensuring that:

- Health Board staff with key responsibilities, and contractor's staff discharge their responsibilities in accordance with the policy, and related procedural guidance.
- Effective cooperation, communication, and coordination between Health Board staff and contractors is established at the beginning and maintained throughout the duration of the work.
- All Health and Safety matters are considered during the planning phase, and continually reviewed throughout the project.
- Contractors are checked for competence to undertake the work.
- The activities of contractors are suitably monitored whilst on Health Board premises.
- A suitable review of the contractors work is undertaken on completion.

## Key Legislation

### Health and Safety at Work Act 1974

The Act applies to all work activities. It requires employers to ensure, so far as is reasonably practicable, the health and safety of:

- their employees;
- other people at work on their site, including contractors;
- members of the public who may be affected by their work.

### The Management of Health and Safety at Work Regulations 1999 (MHSWR)

The Regulations were introduced to reinforce the Health and Safety at Work Act 1974. It places duties on employers and employees including those who are clients, designers, principal contractors or other contractors.

These regulations specifically state that where two or more employers share a workplace, whether on a temporary or a permanent basis, each employer shall:

- co-operate with other employers;
- take reasonable steps to co-ordinate between other employers to comply with legal requirements;
- take reasonable steps to inform other employers where there are risks to health and safety.

MHSWR Regulation 3 states that a suitable and sufficient assessment of the risks must be undertaken for all work activities for the purpose of deciding what measures are necessary to ensure safety.

This policy has been developed in accordance with MHSWR, and HSE Guidance HSG 159, but the same principles of co-operation, co-ordination and communication between organisations underpin the CDM Regulations.

### The Construction (Design and Management) Regulations 2015 (CDM)

The key aim is to integrate health and safety into the management of the project and to encourage everyone involved to work together to:

- improve the planning and management of projects from the very beginning i.e. on inception;
- identify hazards early on, so they can be eliminated or reduced at the design or planning stage and the remaining risks can be properly managed;
- target effort where it can do the most good in terms of health and safety; and
- discourage unnecessary bureaucracy.

These Regulations are intended to focus attention on planning and management throughout construction projects, from design concept onwards. The aim is for health and safety to be treated as an essential but normal part of a project's development – not an afterthought or bolt-on extra.

For the purpose of this policy construction projects should include all building work, its maintenance and repair, as well as all service installation work, including the maintenance, servicing and repair of plant machinery, and equipment.

The CDM Regulations 2015 applies to all construction projects. This policy is in accordance with the best principles of CDM, but where two or more contractors are engaged on a construction project additional requirements are imposed under these regulations which must be managed by professional estates staff.

## Definitions

Contractor is an individual, company or external organisation engaged by HDUHB but who is not an employee of the Health Board; they do not have a contract of employment. They are contracted to carry out work or provide services including installation work, building or maintenance of plant, and equipment.

Principal Contractor is the contractor with control over the construction phase of a project involving more than one contractor. They are appointed in writing by the client (i.e. the Health Board) to plan, manage, monitor and coordinate health and safety during this phase. If no appointment is made, the Employing Manager will assume this responsibility.

Principal Designer is the person / organisation with control over the pre-construction phase of a project involving more than one contractor. They are appointed in writing by the client (i.e. the Health Board) to plan, manage, monitor and coordinate health and safety during this phase. They must also hold the necessary skills, knowledge and experience to undertake the role. If no appointment is made, the Employing Manager will assume this responsibility.

Subcontractor means a Contracting Company or self-employed person engaged by the 'Contractor' to undertake work in relation to the contractors work program with the Health Board.

Term Contract is a written agreement which explicitly states a fixed duration that the contract will be in effect.

Employing Department is the Health Board department employing the contractor to work within its premises.

Employing Manager (EM) is any individual, within the Employing Department or acting on its behalf employing or engaging a contractor to work within Health Board premises. This is not the person placing the order but the individual who has commissioned the work. The CDM Regulations refers to the "client" as any person for whom a project is carried out.

Supervising Officer (SO) is the person from the Employing Department responsible for monitoring the work of contractors to ensure that health safety and welfare is managed appropriately.

Estates Supervising Officer (ESO) is the nominated individual from the Estates Operational Maintenance Team with responsibility for liaising with the Employing Manager and the Contractor to ensure that whenever the work affects the building fabric or engineering services, effective arrangements are in place to ensure that health, safety, and welfare is managed appropriately.

Responsible Person (RP) is the manager which is, to any extent under their control, responsible for the area where the work is to be carried out.

Competent Person (CP) is a person who has sufficient training and experience or knowledge and other qualities to undertake and advise on the measures to be taken to meet the requirements of health and safety law.

## Responsibilities

The Chief Executive Officer (CEO)

The CEO is ultimately accountable for Health and Safety at the Health Board.

The CEO is responsible for ensuring that adequate resources are in place to meet all statutory requirements and that appropriate policies and procedures are implemented.

The CEO will delegate strategic health and safety management through the Board of Directors to ensure that the health and safety requirements of the Health Board are met at all levels.

The Director of Estates, Facilities and Capital Management Department  
Has overall responsibility for the health and safety of staff, patients and others in the areas where the Directorate provides a service or is under its control.

Operational Managers have delegated site-specific responsibility for the management of work on the building fabric and engineering services within the sites under their control.

Directorate Managers, Department Heads, Senior Nurse Managers and other Managers  
These managers have delegated health and safety responsibilities and duties within the Health Board Directorate including those in relation to Employing Department and the role of Employing Manager.

## Key Responsibilities

Employing Manager (EM) is the nominated individual, within the Employing Department or acting on its behalf engaging a contractor to work within Health Board premises. This is not the person placing the order but the individual who has commissioned the work.

The EM has overall responsibility to ensure that effective arrangements are in place to ensure the safety of all persons who may be affected by the work.

Supervising Officer (SO) is the person from the Employing Department responsible for ensuring that health, safety, and welfare is being managed by the contractor whilst on HDUHB premises.

Estates Supervising Officer (ESO). This is the nominated individual from the Estates Operational Maintenance Team, or Estates Capital Projects Teams with responsibility for liaising with the EM(s) and the Contractor(s) to ensure that whenever the work affects the building fabric or engineering services, effective arrangements are in place to ensure the health safety and welfare of all persons who may be affected by the work.

For higher risk work commissioned by other employing departments, the ESO will take the lead role for the monitoring and supervision of the contractors work whilst on Health Board premises.

Responsible Person (RP) is the manager or senior staff member responsible for the area where the contractors work is to be carried out. EM's should liaise with the RP during their initial risk assessment, and again when the contractors start the work. The RP has an important role in the monitoring and supervision of contractors at work in their area.

Competent Person (CP) for undertaking a task, is a person with sufficient training and experience or knowledge and other qualities to perform the task safely.

## Specialist Advice

The following estates teams, and other departments are available to provide specialist advice and guidance on Health and Safety matters.

### Estates

#### Fire Safety Team

Fire Safety Advisors are available to provide advice on all fire safety matters.

EM's should secure their involvement from the outset in all refurbishment and construction projects to provide fire safety advice and assist with the designing-out of risks as required by CDM.

#### Operations Compliance Team

The Operations Compliance Manager and Compliance Officers assist in the development of Health Board wide strategies, estates policies, and operational procedures in compliance with statutory requirements.

#### Environment Team

HUHB operates an Environmental Management System (EMS), designed to meet the requirements of ISO: 14001 which demonstrates its commitment to continual environmental improvement.

The Environment Team is available to provide advice to prevent pollution in compliance with legal and Health Board specific requirements.

### Other Departments

### Health, Safety, and Security Department

Health and Safety Managers and Advisers are available to provide specialist advice and guidance on health and safety regulatory requirements including risk assessments, method statements, personal protective equipment (PPE), and respiratory protection equipment (RPE).

### Transport and Sustainable Travel Department

Provide advice on the availability and suitability of contractor parking arrangements, together with suitability of loading and unloading arrangements for materials and equipment.

### Infection Prevention Control Team

Provide advice and guidance on infection and cross infection risks and appropriate control measures relating to the hospital environment.

### Occupational Health Department

Provide advice and guidance on ill-health and assess whether it is likely to be related to work. They can also determine occupational injuries or diseases requiring reporting to the HSE under RIDDOR.

### Safeguarding

Available to provide advice and guidance on safeguarding of vulnerable persons.

### Working in Specialist Departments

The EM must always liaise with the RP for work planned in, or work affecting specialist departments. Specialist departments refers to all hospital wards, and clinical areas including;

- Radiology Department.
- Blood Sciences, Cellular Pathology and Microbiology Laboratories.
- Hospital Sterilisation and Decontamination Units (HSDU).
- Pharmacy departments.
- Children's wards.
- Mental Health wards and facilities.

\*This is not an exhaustive list

RP's will be able to provide advice on the risks and suitability of control measures relevant to these specialist areas.

When working in areas where vulnerable people are present a Disclosure and Barring Services (DBS) check may be required. However lone and unsupervised working is prohibited in all these areas, as well as in all clinical areas, and all other areas where privacy and confidentiality could be compromised.

## Employing Departments

The majority of contracts are arranged by the Estates Facilities and Capital Management Department, although contractors are also engaged by a number of other departments e.g. Informatics, Clinical



Engineering, Radiology, Pathology, Pharmacy. The Employing Department must ensure that an EM is nominated for the work being considered, with a Supervising Officer (SO) if considered necessary; the EM and SO may be one and the same person.

## The Estates Facilities and Capital Management Department

This department comprises a number of teams each with specialist functions.

These include;

### Operational Maintenance Team

This team has a 'vital role' in the management of all contractors working on Health Board property. It is responsible for the day to day operational maintenance of all Health Board buildings, engineering services including plant machinery and equipment, with appropriate, emergency breakdown response both within and outside of normal working hours.

### Minor Works Schemes

These schemes involve minor improvement works ranging in size from installation of electrical sockets to refurbishment of rooms or areas e.g. scheme involving replacement of flooring, removal and building of partition walls, IT and electrical/mechanical installation improvement (including commissioning), and painting and decorating. Minor Work Schemes are under the overall control of the Operational Maintenance team who will nominate an ESO to oversee the project.

\*The control of larger refurbishment projects is transferred to the Discretionary Projects Team. Under the CDM regulations 2015, where it is anticipated that more than one contractor will be involved, the employer (client) has a responsibility for appointing a (competent and resourced) Principal Designer and Principal Contractor. If this is not done, the Employing Manager will assume this responsibility.

This Operational Maintenance Team has a 'key role' in the management of all contractors working on Health Board property. Aside from the contractors directly engaged by the maintenance team they must also exercise oversight over all contractors including those engaged and controlled by other Estates Teams and external departments; all contracts must therefore be routed through the Operational Maintenance Team. The degree of monitoring exercised by the Operational Maintenance Team should be appropriate to the scale and nature of the works, and risks that could be encountered, with consideration for both the risks during the time the contractor is working on site, and the ongoing residual risk to the building users including maintenance when the work has been completed.

### Major Capital Projects Team

The Major Capital Projects Team is responsible for delivering project management and co-ordination of all major new build and refurbishment projects within the Health Board Major Capital Programme. All major capital projects require 'HSE Notification' under CDM. All projects must consider the interface between the demarcated project area and the general hospital environment. Projects must also consider the arrangements for operational maintenance staff entering project areas to undertake essential maintenance and emergency breakdown repairs, especially out of hours when the Principal Contractor may have vacated the site.

### Discretionary Capital Projects Team

The Discretionary Capital Projects manager is responsible for the day to day management of the Health Boards networked internal Design Team in delivering project management and co-ordination of both new build and refurbishment projects within the Health Boards Discretionary Capital Programme.

The majority of these projects require 'HSE Notification' under the CDM Regulations 2015. However each project must consider during the design phase the interface between the demarcated project area and the general hospital environment. Each project must also consider the arrangements for operational maintenance entering project areas to undertake essential maintenance and emergency breakdown repairs especially out of hours when the Principal Contractor may have vacated the site.

A Discretionary Projects SO will be nominated to monitor the works to ensure that health, safety and welfare is being managed by the contractor, or Principal Contractor.

The Discretionary Projects team will support the Estates Department in developing appropriate frameworks for a range of consultancy support and construction services together with the maintenance of a database of Approved Consultants and Contractors for projects within the Health Board.

### Property Team

The Property Team lead on all property and environmental management related Issues, and are responsible for the development of consistent Health Board wide strategy in areas of condition surveying, risk based prioritisation, energy performance, waste management and environmental compliance.

The team ensure that policy and appropriate arrangements are in place to ensure health, safety, and welfare is being managed by the contractor. This team is also responsible for the delivery and maintaining the BS EN ISO 14001:2004 Environmental Accreditation, including appropriate controls for contractors in matters of Environmental Compliance.

### Soft Facilities Management (FM) Function

Soft FM teams cover a range of services including domestic cleaning, food service, portering, and waste collection across the Health Board's acute and community properties. External contractors support these functions in high level cleaning, window cleaning and specialist repairs to equipment e.g. department based dishwashers, floor scrubbers and wheelchairs etc.

Additionally specialist services provide support for food production and laundry services to Acute and Community hospitals; external contractors support these functions for maintenance activities and breakdowns of specialist equipment.

Other Employing Departments (This is not an exhaustive list).

### Informatics Department

Is responsible for ensuring that information technology (IT) hardware, and software ICT systems which operate on Servers, and Telecom networks are installed and maintained effectively as an enabler for



health and care provision. The Department utilises its own staff, as well as commissioning specialist electrical and IT infrastructure contractors.

#### Clinical Engineering Department

Is responsible for providing a range of medical equipment services including full maintenance and management of all medical equipment across the Health Boards acute hospitals and community facilities including primary care services. Clinical Engineering services are delivered in accordance with MHRA Managing Medical Devices (April 2015).

#### Radiology Department

The Radiology Department use a range of imaging equipment to diagnose and treat diseases seen within the body e.g. X-ray, ultrasound, Computed Tomography (CT), and Magnetic Resonance Imaging (MRI). This equipment requires servicing, maintenance and repair by specialist contractors. Work on radiology equipment e.g. MRI scanners is subject to additional 'Controlled Area' conditions.

#### Pathology Department

Is responsible for the analysis of blood and tissue samples to provide diagnostic results for the diagnosis, treatment and monitoring of patients. The service consists of a number of sub specialties e.g. Blood Sciences, Cellular Pathology and Microbiology which use a range of analytical services using equipment which requires servicing, maintenance and repair by specialist contractors.

#### Hospital Sterilization and Decontamination Unit (HSDU)

The HSDU departments are responsible for the decontamination of reusable medical devices. Decontamination equipment used to decontaminate medical devices are maintained, tested and validated in accordance with the relevant Welsh Health Technical Memorandum (WHTM) and other applicable national and European standards and guidance documents. All contractors carrying out maintenance, repair, testing and validation of equipment require a 'Permit to Work' signed by the Authorised Person (Decontamination) AP(D) from the Estates Department, and a senior member of the decontamination team, prior to taking any decontamination equipment out of service.

#### Pharmacy

Provides a wide range of services both technical and clinical in the field of medicine. Technical services includes the purchase, storage, manufacture, dispensing, quality testing, and supply of all the medicines used in the hospital. The departments is assisted, by the use of robots and Aseptic dispensing and preparation equipment which requires servicing, maintenance and repair by specialist contractors.

## Operational Control - Procedures

Health and Safety must be considered when the work is first conceived.

The EM must consider the quality of the contractors work inclusive of Health and Safety and environmental impact. Safety should be considered at each phase of the work, with effective

cooperation, communication, and coordination between the EM and contractor, from the design phase through to completion of the work.

The following procedures have been developed in accordance with the 5 STEP approach detailed in Health and Safety Executive (HSE) Guidance, "Managing Contractors" (HSG 159).

<https://www.hse.gov.uk/pUbns/priced/hsg159.pdf> opens in a new tab.

These procedures satisfy the requirements of the CDM Regulations 2015 for all construction work where one contractor is employed, but for construction projects where more than one contractor is employed, additional requirements are imposed by these regulations which are contained in the Estates CDM 2015 Procedures Manual which is available from the Estates Department.

The EM has overall responsibility for the control of the contractor, and should in liaison with other Health Board staff referred to in this section, ensure that the following arrangements are in place and implemented.

### STEP 1 – Planning

Proper planning will prevent poor performance when the contractor carries out their work on site. Before undertaking the work there must be an exchange of health and safety information between the EM and the Contractor.

To enable the contractor to provide information, the EM is required to provide appropriate information which may affect the way the contractor undertakes the work.

#### Risk Assessment

In the first instance a risk assessment should be undertaken. This will provide an understanding of the hazards, the level of risk, and how these risks should be controlled. For 'Higher Risk' activities, early discussions with the Estates Maintenance Team is essential, as it is an indication that an ESO should lead the monitoring and supervision of the contractors' whilst they are on site.

Further discussions with 'Competent Persons' within the Health Board may be required e.g. with the Fire Safety Adviser, Health and Safety Adviser, or with Infection Prevention Control staff.

Where the risk assessment results in a low risk rating, it is an indication that the monitoring and supervision of the contractor whilst on site can be retained by the EM, or competent person acting on their behalf i.e. a Supervising Officer.

#### Provision of Pre Contract Information

The following information should be provided at the Tender stage. For existing 'term' contracts e.g. fixed term contract for maintenance, service and repair of equipment, this information can be provided retrospectively.

- Work Specification – Quality of the work, health and safety and environmental considerations should all be included in the specification. The health and safety information should identify the significant hazards.
- Estates Code of Safe Practice and Procedures Manual – This document provides detailed information on all aspects of work undertaken on Health Board premises from Contractor Induction

and Signing in Procedures, standards of dress and behaviour through to working practices, and the control of specific hazards e.g. Asbestos, Confined Spaces, Hot Works, Work at Height etc. This document is available from the Estates Operations Compliance Officer, and all Maintenance Teams at each acute site.

- Pre-Qualification Questionnaire (PQQ) - [Appendix 1](#)

This is a request for information to establish regulatory and specific Health Board requirements for health and safety, including confirmation that contractors have;

- Sufficient skills, knowledge, experience and the ability to implement appropriate health and safety systems;
- Are competent to undertake appropriate risk assessments, and able to apply them to the specific work they are being considered for.
- A reasonable track record of occupational health and safety performance at work of a similar nature.

## STEP 2 - Choosing a Contractor

Contractors have the same legal responsibility as the client to carry out a risk assessment. The contractors risk assessment should correspond with the EM's risk assessment. When undertaking a risk assessment the contractor may need additional information from the EM regarding the work, and associated hazards. The level of information provided is dependent on the nature, scale and complexity of the work.

The contractors RAMS should also identify residual risks to others who use or maintain the building, and proposals for managing them.

Before appointing the contractor, the EM, or competent person acting on their behalf must;

- Undertake a 'Due Diligence' check of the contractors completed Pre-Qualification Questionnaire.
- Ensure that the Contractors RAMS are suitable and sufficient for the work being undertaken.

If the EM considers the contractors PQQ, and RAMS satisfactory then the EM should add the Contractor to the departments list of Approved Contractors. The approved list must reviewed annually and made available to other Employing Departments on request.

A copy of the Departmental Approved List form is available from the Estates Operations Compliance Officer, and all Maintenance Teams at each acute site.

## STEP 3 - Contractors working on site

Upon appointment:

The EM, or competent person acting on their behalf must complete Part A of the Job Registration and Authorisation (JRA) form and forward to the Estates Maintenance Team.

### Job Registration and Authorisation form (JRA) - [Appendix 2](#)

Part A contains basic information on the nature, location and extent of the work. It will also identify the hazards derived from the risk assessment undertaken in Step 1.

Part B is completed by a Maintenance Team ESO and will classify the work as either being 'Higher Risk - Level 1' or 'Low Risk - Level 2', with any conditions on the classification and arrangements for the contractor working on site identified.

The classification is based on an assessment made by the ESO. Some hazards can be considered Low Risk by the application of suitable controls e.g. Isolation of a high voltage system can render the repair of equipment a low risk activity.

In each case, the RP for the area where the work is to be carried out will also have responsibility to monitor and supervise the contractors work.

**Low Risk:** The EM or SO acting on their behalf will take the lead role in the monitoring and supervision of the work; the ESO may retain an element of supervision if they consider it appropriate. If the nature of the work changes, the Estates Maintenance Department must be notified as it may require additional control measures and a change of classification.

**Higher Risk:** The ESO will take the lead role in the monitoring and supervision of the work. Where the Estates Discretionary Projects Team is the Employing Department, a Discretionary Projects Team Supervising Officer will be nominated to ensure the contractor has suitable arrangements in place to manage Health, Safety, and Welfare.

The monitoring and supervision arrangements for both low and higher risk work should be agreed by the ESO and EM. The overall responsibility (Steps 1 – 5) is retained by the EM.

For very low risk activity that does not affect the building fabric or engineering services the submission of a Job Registration and Authorisation Form (JRA) to the Estates Maintenance Team will not be required. Examples include contractors secured by Clinical Engineering Department who undertake the maintenance or repair of pressure relieving mattresses, or bed hoists.

Where there is any doubt as to whether a JRA is required, the Estates Maintenance Team should be informed in writing, and make a decision.

### Permits to work

A permit to work system is required when there is a serious risk of injury which cannot be adequately controlled by normal physical safeguards. Permits are a daily requirement, and issued by the Estates Maintenance Teams at all Health Board premises for the following activities;

- Hot work - including brazing, metal cutting, welding and soldering

- Work at height
- Work in Confined Spaces
- Excavation Work
- Isolation of medical gas supply
- Access to high voltage switch rooms and boiler / plant rooms
- Isolation of high and low voltage equipment
- Isolation of medical laboratory equipment
- Isolation of any mechanical and electrical services
- Isolation of lifts
- Isolation of Fire Alarm, Detection, and Suppression systems

Before Commencing Work:

### Induction

All contractors' staff must undergo a formal induction which would normally take place in advance of the day in which work is to commence, but can subject to agreement take place immediately prior to signing in on arrival to do the work.

Induction consists of a PowerPoint presentation which should be facilitated by the EM or competent person acting on their behalf. A copy of the presentation together with an Induction Record form is available from the Estates Operations Compliance Officer, and all Maintenance Teams at each acute site.

Induction may also include additional input regarding job or location specific risks by the Supervising Officer, or a Competent Person from a HDUHB specialist department e.g. Infection Prevention Control, Occupational Health, or Mental Health Services.

A record of the induction must be made by the EM, retained for future reference, and made available to other Employing Departments on request.

Induction on Site: the contractor must also sign in, and report to the RP (or nominated deputy) for the area where the work is to be undertaken. This is to ensure understanding of the basic requirements for working in that area including the Emergency Procedures are understood by both parties. Newly arisen site specific hazards should also be considered e.g. Infection Risk, Consultant Ward Round at specific times etc.

### Authorisation to Work - 'Signing In' to 'Signing Out'

Before proceeding to the work area, the ESO for Level 1 Risk, and Health Board SO for all other Employing Teams or Departments must:

1. Confirm that all contractor staff have attended Induction.
2. Confirm that the RAMS are in the Contractors possession, and that they are understood.
3. Ensure that an Authorisation to Work (ATW) form is completed.

- ATW 1 for Level 1 Risk ([Appendix 3a](#))
- ATW 2 for Level 2 Risk ([Appendix 3b](#))
- ATW 3: Controlled Areas and Specialist Equipment ([Appendix 3c](#)).

These areas include MRI Equipment Rooms where specialist contractors are 'handed over' control of the area before starting work, and 'handed back' control on completion of the work.

\* Where additional work involving the fabric of the building or engineering services is identified, a JRA form will need to be completed and submitted to the Estates Maintenance Team.

4. Ensure that the \*Signing in Register/Record is completed, and confirm arrangements and approximate time of signing out.

5. Issue a Contractor Badge.

\*Copies of the Estates Signing in Register, and Generic Register for other departments are available from the Estates Department.

#### STEP 4 - Keeping a check

##### Monitoring and Supervision

The contract should be monitored and the contractors supervised at appropriate frequencies to ensure that safeguards remain effective. The level of monitoring and supervision should be appropriate to the scale and nature of the works and the risks that could be encountered. For low risk activity e.g. installing electrical sockets, very little supervision is necessary or indeed possible because the task would be completed within a short timeframe. However for complex higher risk work a greater degree of monitoring is required e.g. Roof repair work, or working in close proximity to Asbestos Containing Materials.

The monitoring arrangements should be agreed in advance with the lead for supervision in accordance with Level 1 or Level 2 Risk. However the EM, SO including ESO, and RP on site should discuss and agree suitable arrangements in advance together with assistance from other Competent Persons where considered appropriate e.g. the Fire Safety Adviser, Health and Safety Adviser, Asbestos Manager, or Infection Prevention Control staff etc.

An On Site Inspection Record form ([Appendix 4](#)) should be completed for formal pre-planned Inspections.

##### Spot Checks

Can be initiated by the Employing Manager or any Estates Officer for any project whenever the work of contractors gives rise to doubt as to the adequacy of controls.

Questions which will confirm initial suspicions as to the adequacy of controls include:

- Has a PQQ been completed?
- Are RAMS available?
- Have all staff undergone 'Induction'?



- Are all staff wearing their badges, and been 'signed in'?
- Are all staff aware of identity of their Site Contact? i.e. EM or person acting on their behalf e.g. SO, or ESO.

### 7.4.3 Contraventions

If the work undertaken contravenes the CCP, HDUHB Code of Safe Practice, or agreed safe systems of work, then the following procedures will apply which must be recorded in the Site Inspection Record form.

#### Procedures for Contractor Health and Safety Contraventions

For a minor breach of health and safety:

- Issue of verbal warning.
- Issue of request for remedial action and improvement.
- Issue of formal written warning.
- Require contractor to remove certain employees from site.
- Suspend contractor from approved list for 12 months.

For a major breach of health and safety:

- To cease with or suspend a work operation, until such safe working practice is put in order.
- Issue a written improvement warning notice.
- Removal of named contractor's personnel, or site management from site.
- Suspend contractor from approved contractor list.
- Terminate the contract, having given required notice of intention.

All approval revocations subject to Health Board appeal process.

#### Incident Reporting

All accidents and incidents involving contractors must be reported in accordance with the contractor's own Accident Recording Procedures, as well as to the EM or SO within pre-agreed timescales. All incidents resulting in, or with the potential to cause illness or injury to Contractor staff, Health Board staff, patients, visitors, or the public should be reported using the Datix Incident Reporting System and investigated by the EM or competent person acting on their behalf.

The EM should therefore ensure that arrangements are in place to secure the evidence relevant to the investigation. The primary purpose of Incident Investigation is to identify the root, and underlying causes so that additional controls can be implemented to prevent recurrence on current and future projects.

Incident reports should feature in Step 5 – Reviewing the work.

## RIDDOR 2013

Incidents involving contractors may have to be reported to the HSE in accordance with the requirements of the Reporting of Injuries, Diseases & Dangerous Occurrences Regulations 2013 (RIDDOR). Where this is the case, a Health and Safety Manager or Adviser should be contacted at the earliest opportunity in order to prepare and submit the necessary notification to the HSE.

Further guidance can be obtained from the Health, Safety and Security Department or Occupational Health Department.

For incidents of damage to any materials known to contain Asbestos or suspected to contain Asbestos, please refer to the Incident Response and Emergency Procedures Section of the Health Boards Asbestos Policy.

### STEP 5 - Reviewing the work

The contractor's job should only be considered complete when the work has been done according to the agreed plan between the EM and Contractor. The contractor's work must therefore be checked before they leave site.

Reviewing is primarily concerned with evaluating the quality of the work against both the job and the contractor's performance. An effective review will also identify lessons learnt i.e. what should be done differently next time to secure any necessary improvement.

Review involves evaluating the health and safety of all the steps in the procedure:

- Planning;
- Choice of contractor;
- The work;
- Effectiveness of the contract and supervision.

All interested parties should be involved in the review process. This includes the contractor as they may add useful information from their own viewpoint. Where the work undertaken affects other estates teams or other departments, they should also be involved in the review process.

Results of reviews should be recorded in writing for consideration on future projects.

The Flowchart in section 8 contains Summary Guidance of these procedures, Step 1 - Step 5.

### Audit

The Health Boards contractor control arrangements will be subject to annual review and periodic auditing led by the Estates Compliance Team.

Individual Contracts can also be subject to inspection and audit by the Estates Compliance team.



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8. Flowchart and summary of actions



## Summary actions

To be read in conjunction with the above flowchart.

The EM has overall responsibility for ensuring;

### STEP 1 – Planning

Before undertaking the work there must be an exchange of health and safety information with the Contractor.

1. Undertake a Risk Assessment - to identify the hazards, level of risk, and minimum control measures.
2. Identify and record the hazards in the Work /Job Specification.
3. Forward the following to the contractor
  - Job specification
  - Pre-Qualification Questionnaire PQQ
  - HDUHB General Code of Safe Practice

### STEP 2 - Choosing a Contractor

Before appointing the contractor, the following actions must be undertaken;

1. Undertake a 'Due Diligence' check of the contractors completed Pre-Qualification Questionnaire PQQ.
2. Ensure that the Contractors RAMS are suitable and sufficient.
3. If 1 and 2 satisfactory, add the Contractor to the departments Approved Contractor list.

### STEP 3 - Contractors working on site

Upon appointment:

- Ensure that all contractor staff attend Induction before working on site.
- Complete Part A of the Job Registration and Authorisation (JRA) form, and forward to the Estates Maintenance Team.
- ESO completes Part B of the Job Registration and Authorisation (JRA) form and returns to the EM.
- Higher Risk work (Level 1) Monitoring and supervision led by the ESO.
- Low Risk work (Level 2) under the supervision and control of the EM or SO acting on their behalf

Before Commencing Work:

Arrangements must be in place for the following;

- 1) Ensure that all contractor staff have undergone the formal Induction with additional input from Competent Persons if required.
- 2) Ensure;
  - All contractors 'Sign in' at Employing Department, and at work location as agreed.
  - RAMS are in the contractor's possession, and understanding confirmed.

- Completion of the Authorisation to Work Pro Forma ATW 1, 2, or 3 as appropriate.
- Issue a Contractor Badge.
- Report to the 'RP on site.

3) All contractors, 'Sign out' at the end of the day, or on completion of the work, and return badge.

#### STEP 4 - Keeping a check

##### Monitoring and Supervision:

The amount of monitoring and supervision required should be commensurate with the complexity of the work and the degree of risk.

The SO should;

- 1) Complete the Contractor on Site Inspection Record for formal pre-planned Inspections.
- 2) Undertake Spot Checks if required.
- 3) Ensure that all accidents and incidents are reported using Datix.
- 4) Contact the Health and Safety Department whenever incidents may have to be reported to the HSE in accordance with RIDDOR 2013.

#### STEP 5 - Reviewing the work

Review involves evaluating the health and safety of all the steps (Steps 1 to 5), and provide a written record of the;

- Planning;
- Choice of contractor;
- The work;
- Effectiveness of the contact, and supervision.

The EM retains overall responsibility throughout the process (Steps 1 – 5).

- For Level 1 'Higher Risk', the ESO takes the lead role for the monitoring and supervision of the contractor whilst working on site.
- For Level 2 'Low Risk', the EM, or SO takes the lead role for the monitoring and supervision of the contractor whilst working on site.

## Appendix 1: Pre-Qualification Questionnaire



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### Contractors Pre-Qualification Health and Safety Questionnaire

\*Provide evidence including supporting documentation where applicable.

#### 1. DETAILS OF CONTRACTOR / SUB-CONTRACTOR

Name of Company:

Address:

Telephone Number:

Contact for Further Information:

Email Address:

#### 2. NATURE OF BUSINESS

2.1 Please indicate the type of work services you provide and for which you wish to be considered.

2.2 Approximately how many employees are there in your Company?

#### 3. INSURANCES

3.1 Please provide copies of your Employers' Public Liability Insurance, and Professional Indemnity Insurance if applicable.

#### 4. SAFETY SCHEME MEMBERSHIP

4.1 Is your Company a member of any Safety Scheme in Procurement (SSIP)?

4.2 If so, please provide SSIP membership certificate/details.

Then proceed to Section 15.

#### 5. HEALTH AND SAFETY POLICY STATEMENT AND ARRANGEMENTS

5.1 Please attach a copy of your current Health and Safety Policy Statement.



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5.2 Please provide contact details of the individual in your Company responsible for coordinating Health and Safety matters.

5.3 Please provide an outline of your Health and Safety management structure with regard to allocation of duties, delegation of responsibilities etc.

#### 6. SAFETY SURVEILLANCE AND ADVICE

6.1 Please provide the name, and summarise the Health and Safety qualifications and/or experience of the individual responsible for providing competent Health and Safety advice (note, smaller companies may be utilising trade bodies and/or H&S helpline for competent advice).

6.2 Provide an outline of any specialist health and safety advisory resources utilised.

#### 7. HEALTH AND SAFETY TRAINING

7.1 If you were awarded a contract by the Health Board, detail what Health and Safety training has been, or would be given, to the managers involved.

7.2 If you were awarded a contract by the Health Board, detail what Health and Safety training has been, or would be given, to the operatives involved.



7.3 Please provide any supporting training documents, such as a training policy, sample training records, for example, asbestos awareness training or confined space training.

#### 8. ACCIDENT INVESTIGATION AND RECORDS

8.1 Provide summaries of statistical information of company accidents, injuries, and dangerous occurrences over the last 3 years.

8.2 What is your Company procedure for investigating and reporting accidents, occupational illness, and dangerous occurrences?

#### 9. SAFETY GROUPS

9.1 Provide detail of membership of any safety group

9.2 Provide details of any awards received for health and safety and accident prevention within the last 5 years

9.3 Do you have a safety committee for internal staff consultation purposes ?

#### 10. PLANT, EQUIPMENT AND VEHICLE MAINTENANCE / INSPECTION

10.1 How does your organisation ensure that plant, equipment and vehicles for use on site are kept in a safe condition and good state of repair?

10.2 Are records kept and available for inspection?

#### 11. SAFE SYSTEMS OF WORK

11.1 Give brief details of appropriate systems that you use (i.e. safety manual, written safety procedures, work instructions, permit to work etc.

11.2 Please provide relevant example risk assessments and method statements:



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11.3 Please enclose standard forms, checklists, pro-forma etc. used for health and safety inspection surveys or audits within your organisation.

## 12. SAFETY RECORD

12.1 Has your Company or individuals employed by your Company been prosecuted for breaches of health and safety, fire safety, or environmental control within the last three years?  
If so, please provide details of any enforcement action e.g. Improvement Notice(s) and/or Prohibition Notice(s) and actions taken.

## 13. SUB-CONTRACTORS

13.1 How does your Company assess and monitor the Health and Safety competence of companies with whom you place contracts? Please provide evidence.

## 14. POST CONTRACT REVIEWS

14.1 Does your organisation currently undertake a post-contract review of health and safety matters? If so, please attach a recent example.

## 15. OTHER RELEVANT INFORMATION

Is there any other information available to assist the Health Board in the assessment of your Health and Safety arrangements?

## 16. DECLARATION

Print Name:

Signed:

Position:

Date:





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CHECKLIST (Have you included?):	YES	NO
Copies of Company insurance certificates		
SSIP membership certificate details		
Health and Safety Policy Statement		
Details of the responsible person within the Company		
Outline of the organisation structure with regard to Health and Safety		
Details of your competent person		
Training support documentation, for example training policy, training records and sample certificates		
Plant and equipment inspection records		
Example work instructions, safe systems of work and/or permit to work documentation		
Relevant examples of written risk assessments and method statements		
Details of any Health and Safety breaches		

## Appendix 2: Job Requisition and Authorisation (JRA) Form



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### Appendix 2

#### Job Requisition and Authorisation


<b>PART A – Job Requisition (to be completed by the Employing Manager)</b>	
Name of Company:	Telephone Number:
Address:	Contact for Further Information:
	Email Address:
Has a Pre-Qualification Questionnaire been completed and approved	yes/no
Are RAMS enclosed	By whom
	yes/no
HDUHB Employing Manager	
<b>Description of the Work</b>	
Provide brief description of the work	
Identify the area(s) where the work is to be carried out	
Brief Description of Key Hazards identified from table overleaf	
<b>PART B – Job Authorisation (to be completed by an Estates Supervising Officer)</b>	
LEVEL 1- This work has been assessed as 'HIGHER Risk', and under the control of the Estates Maintenance Team whilst the contractor is working on site. <input type="checkbox"/>	
LEVEL 2- This work has been assessed as 'LOW Risk', and remains under the control of the Employing Manager for the duration of the contractors work <input type="checkbox"/>	
CONDITIONS For LEVEL 2	
<b>Job Reference Number</b>	
<i>Allocated by Estates Officer</i>	
Estates Officer	Date

## Appendix 3a: Authorisation to Work Level 1 (ATW1)

<b>Hywel Dda University Health Board</b> <b>Authorisation to Work Form</b> <b>LEVEL 1 Risk</b> <b>Estates Supervision</b> Reference Number:				 Bwrdd Iechyd Prifysgol Hywel Dda Hywel Dda University Health Board		
Planning	<b>A</b>	<b>Date:</b>		<b>Company name:</b>		
		<b>Task location:</b>		<b>Contractor contact name:</b>		
		<b>Task detail:</b>		<b>No. of contractor's employees in workgroup</b>		
		<b>Estates Supervising Officer:</b>		<b>RAMS requested/attached?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>		
		<b>Sub-contractor company name:</b>				
		<b>Training:</b>	<input type="checkbox"/> Approved <input type="checkbox"/> Induction <input type="checkbox"/> UKATA <input type="checkbox"/> PASMA <input type="checkbox"/> IPAF    Other:			
		<b>Others at location:</b>	<input type="checkbox"/> Patients <input type="checkbox"/> Visitors <input type="checkbox"/> Tenants <b>Are all others on site aware of the works?</b> YES <input type="checkbox"/> <input type="checkbox"/> Staff <input type="checkbox"/> Public <input type="checkbox"/> Others    Details:			
Risk Control	<b>B</b>	<b>Site Hazards (What environmental and other risks the HB presents to contractor)</b>				
		<input type="checkbox"/> Vehicle movements <input type="checkbox"/> Other workgroups <input type="checkbox"/> Water systems <input type="checkbox"/> Weather <input type="checkbox"/> Fragile roofs <input type="checkbox"/> Fire/ explosion <input type="checkbox"/> Steam <input type="checkbox"/> Asbestos (See F) <input type="checkbox"/> Confined spaces <input type="checkbox"/> Overhead services <input type="checkbox"/> Gas <input type="checkbox"/> Electrical isolation <input type="checkbox"/> Hazardous substance <input type="checkbox"/> Underground services <input type="checkbox"/> Pressure systems <input type="checkbox"/> Fire alarm isolation <input type="checkbox"/> Work at height <input type="checkbox"/> Electricity <input type="checkbox"/> Radiation				
		<b>Others specify:</b>				
	<b>C</b>	<b>Contractor workgroup Hazards (as specified on RAMS- how the contractor work may put staff/ public at risk)</b>				
		<input type="checkbox"/> Hot work equipment <input type="checkbox"/> Working at height <input type="checkbox"/> Electrical equipment <input type="checkbox"/> Machinery <input type="checkbox"/> Vehicles <input type="checkbox"/> Portable drills <input type="checkbox"/> Heavy loads <input type="checkbox"/> Chemicals				
		<b>Others specify:</b>				
	<b>D</b>	<b>Extra safety precautions required ( in addition to general site rules specified in induction)</b>				
		<input type="checkbox"/> Barriers/ segregation <input type="checkbox"/> Safety footwear <input type="checkbox"/> Noise protection <input type="checkbox"/> Underground survey <input type="checkbox"/> Fire extinguisher <input type="checkbox"/> High visibility <input type="checkbox"/> COSHH information <input type="checkbox"/> <input type="checkbox"/> Eye protection <input type="checkbox"/> Hard hat <b>Others specify:</b>				
	<b>E</b>	<b>Agreed usage of UHB service / UHB equipment</b>				
		<input type="checkbox"/> Electricity <input type="checkbox"/> Compressed air <input type="checkbox"/> Water <input type="checkbox"/> Welfare facilities <input type="checkbox"/> Fixing point <b>Other specify:</b>				
<b>F</b>	<b>If job includes working on building fabric, services, risers or ceiling voids and the building was built before 2000. Check asbestos register and record below. STOP WORK IF ASBESTOS IS SUSPECTED.</b>					
	<input type="checkbox"/> Database checked <input type="checkbox"/> Asbestos present <input type="checkbox"/> CAT B trained <input type="checkbox"/> CAT C trained <input type="checkbox"/> Other .....					
<b>G</b>	<b>Permits required</b>					
	<input type="checkbox"/> Asbestos <input type="checkbox"/> Medical gas <input type="checkbox"/> Electrical (HV/LV) <input type="checkbox"/> Hot work <input type="checkbox"/> Confined space <input type="checkbox"/> Excavation <input type="checkbox"/> Radiation <input type="checkbox"/> Working at height <input type="checkbox"/> Mechanical isolation <b>Other specify:</b>					
Sign	<b>H</b>	<b>The contractor recipient specified in section A has discussed with the Estates Supervising Officer all aspects of B,C,D, E, F,G and acknowledges they understand and will abide by the contents of this form</b>				
		<b>Estates Supervising Officer:</b>		<b>Signature:</b>		<b>Date:</b>
		<b>Contractor recipient</b>		<b>Signature:</b>		<b>Date:</b>

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## Appendix 3b: Authorisation to Work Level 2 (ATW2)

		 <b>GIG Cymru NHS Wales</b> Bwrdd Iechyd Prifysgol Hywel Dda University Health Board	
<b>Authorisation To Work Form Level 2 Risk - (All Non Estates Supervision)</b>			
<b>Planning</b>	<b>A</b>	Task detail:	Number of contractors in workgroup:
		Sub-contractor:	RAMS requested/attached? YES <input type="checkbox"/> NO <input type="checkbox"/>
		Emergencies: Do you know what to do? YES <input type="checkbox"/>	Assembly point:
		Others at location: <input type="checkbox"/> Patients <input type="checkbox"/> Visitors <input type="checkbox"/> Tenants <input type="checkbox"/> Staff <input type="checkbox"/> Public <input type="checkbox"/> Others	Are all others on site aware of the works? YES <input type="checkbox"/> Details:
<b>Risk Control</b>	<b>B</b>	Site Hazards (What environmental and other risks the HB presents to contractor)	
		<input type="checkbox"/> Radiation <input type="checkbox"/> Work at height <input type="checkbox"/> Water systems <input type="checkbox"/> Electricity <input type="checkbox"/> Electrical isolation <input type="checkbox"/> Fire alarm isolation <input type="checkbox"/> Confined spaces <input type="checkbox"/> Asbestos	
		Others specify:	
	<b>C</b>	Contractor workgroup Hazards (as specified on RAMS- how the staff/ public may be at risk)	
		<input type="checkbox"/> Hot work <input type="checkbox"/> Working at height <input type="checkbox"/> Electrical <input type="checkbox"/> Machinery	
		Others specify:	
	<b>D</b>	Extra safety precautions required ( in addition to general site rules specified in induction)	
		<input type="checkbox"/> Barrier/ segregation <input type="checkbox"/> Safety footwear <input type="checkbox"/> Noise protection <input type="checkbox"/> Eye protection	
		Others specify:	
	<b>E</b>	Agreed usage of HB service / HB equipment	
	<input type="checkbox"/> Electricity <input type="checkbox"/> Compressed air <input type="checkbox"/> Water <input type="checkbox"/> Welfare facilities		
	Other specify:		
	<b>F</b>		
	If job includes working on building fabric, services, risers or ceiling voids and the building was built before 2000. Check asbestos register and record below. Stop work if asbestos is suspected		
	<input type="checkbox"/> Database checked <input type="checkbox"/> No ACM's indicated <input type="checkbox"/> Job can proceed <input type="checkbox"/> Support required		
	<b>G</b>		
	Permits required		
	<input type="checkbox"/> Asbestos <input type="checkbox"/> Medical gas <input type="checkbox"/> Electrical HV/LV <input type="checkbox"/> Hot work <input type="checkbox"/> Confined space <input type="checkbox"/> Excavation <input type="checkbox"/> Radiation <input type="checkbox"/> Working at height		
<b>Sign</b>	<b>H</b>	The contractor recipient specified in section A has discussed with the HB Supervising Officer all aspects of B,C,D, E, F,G and acknowledges they understand and will abide by the contents of this form	
		HB Supervising Officer:	Signature: _____ Date: _____
		Contractor:	Signature: _____ Date: _____
	<b>1</b>	Contractors must comply with health & safety rules and provide copies of current insurances	
	<b>2</b>	All persons under the control shall be competent to work safely	
	<b>3</b>	A Safe System of Work (SSoW) shall be agreed with your contact before any work commences	
	<b>4</b>	Contractors must provide appropriate portable fire appliances and be familiar with local emergency procedures	
	<b>5</b>	The normal means of escape must not be obstructed without temporary alternative arrangements being made	
	<b>6</b>	Faulty tools and equipment must not be brought onto site	
	<b>7</b>	110V Electrical tools are preferred. If 240v tools are used they must be double insulated and RCD protected	
	<b>8</b>	All equipment shall be within their current safety certification period	
	<b>9</b>	Appropriate PPE must be worn at all times in MANDATORY AREAS, safety footwear must be worn at all times	
	<b>10</b>	You have a duty of care to ensure you have agreed and are in receipt of a Permit to Work for high risk activities	
	<b>11</b>	Contractors should view the organisation's Asbestos Register before commencing work	
	<b>12</b>	Before handling unfamiliar materials, refer to the material safety data sheets and COSHH assessments	
	<b>12</b>	No plant and equipment shall be tampered with, have guards removed or be misused	
	<b>14</b>	The HB operate a No Smoking Policy across all properties including grounds, buildings and parked vehicles	

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15 All operatives must be fit and healthy to carry out the work element and not be infectious

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## Appendix 3c: Authorisation to Work in Specialist Areas (ATW3)



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University Health Board

The following document should be completed in full (Parts 1 to 3) for all instances of controlled area and equipment handover i.e. between "third party" groups e.g. equipment engineers, application specialists, **medical physics staff** etc and the health board. Depending upon the nature of the work carried out it necessary to contact the **Medical Physics department to arrange** further performance testing following hand back of the equipment.

<b>Authorisation To Work For: Controlled Areas and Specialist Equipment</b>			
<b>Part 1: Health Board handover of controlled area and equipment to third party prior to the commencement of work</b>			
HOSPITAL:		LOCATION / ROOM:	
		EQUIPMENT (and serial number):	
CALL REFERENCE NO:		COMPANY / GROUP CARRYING OUT WORK:	
REASON FOR HANDOVER:			
Identify any known faults/hazards that exist with the equipment or environment (including non-radiation issues) such that the third party is able to perform the necessary risk assessments.			
As an authorised representative of the Health Board, I hereby hand over the above equipment and controlled area for the reason identified above.			
Health Board representative (name)	Signature	Date	Time
Third party representative: I accept responsibility for the radiation protection of the equipment / area identified on behalf of [Company/Group named above]. I will be operating under the Local Rules of my own department / employer.			
Third party representative (name)	Signature	Date	Time
<b>Part 2: Third party handover of controlled area and equipment back to Health Board</b>			
CATEGORY OF WORK COMPLETED: (tick all those applicable)			
<input type="checkbox"/>	Radiation monitoring survey	<input type="checkbox"/>	Modification / Upgrade / Recalibration
<input type="checkbox"/>	Hazard notice / Incident response	<input type="checkbox"/>	Routine service / Performance testing
<input type="checkbox"/>	Critical Examination	<input type="checkbox"/>	Fault diagnosis / Repair
<input type="checkbox"/>	Acceptance / Commissioning tests	<input type="checkbox"/>	Other (please specify)
Equipment operational & safe to re-enter clinical use?	Details: Yes <input type="checkbox"/> With restrictions <input type="checkbox"/> No <input type="checkbox"/> If "NO" - <b>DO NOT</b> use the equipment until further notice		
Please tick boxes below to indicate the area where <b>changes</b> have been made and refer to the service report / survey completion documentation. Also indicate areas of restriction of use (if any).			
<input type="checkbox"/>	Mechanical / Electronic / Scale calibration	<input type="checkbox"/>	Safety features
<input type="checkbox"/>	Beam quality/ Collimation / Field size	<input type="checkbox"/>	Patient dose / Dose rate / AEC / DAP
<input type="checkbox"/>	Image processing and quality	<input type="checkbox"/>	Shielding
<input type="checkbox"/>	Software / Protocols	<input type="checkbox"/>	<b>NO CHANGES</b>
<input type="checkbox"/>	Other (please specify)		
In the event that changes <b>have</b> been identified above the Health Board user must carry out appropriate QA checks before returning the equipment back to routine use in accordance with the requirements of The Ionising Radiation (Medical Exposure) Regulations 2017 15(3).			
Third party representative (name)	Signature	Date	Time
Health Board representative (name)	Signature	Date	Time
<b>Part 3: Health Board action taken</b>			
Based on the information provided above and/or communication with the third party I have taken the following steps before the equipment returns to clinical use.			
Details: Full QA <input type="checkbox"/> Partial QA <input type="checkbox"/> No further action <input type="checkbox"/> Medical Physics QA arranged - <b>DO NOT</b> use until further notice. <input type="checkbox"/>			
QA test results within tolerance (if applicable)? Yes <input type="checkbox"/> No <input type="checkbox"/> If "NO" - Seek advice from medical physics			
Health Board representative (name)	Signature	Date	Time

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Date 20/01/2020

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Authorisation TO Work Form Level 2 Risk (All non-Level 1 supervision)			
Planning	<b>A</b>	Task detail:	Number of contractors in workgroup:
		Sub-contractor:	RAMS requested/attached? YES <input type="checkbox"/> NO <input type="checkbox"/>
		Emergencies: Do you know what to do? YES <input type="checkbox"/>	Assembly point:
		Others at location: <input type="checkbox"/> Patients <input type="checkbox"/> Visitors <input type="checkbox"/> Tenants <input type="checkbox"/> Staff <input type="checkbox"/> Public <input type="checkbox"/> Others	Are all others on site aware of the works? YES <input type="checkbox"/> Details:
Risk Control	<b>B</b>	Site Hazards (What environmental and other risks the HB presents to contractor)	
		<input type="checkbox"/> Radiation <input type="checkbox"/> Work at height <input type="checkbox"/> Water systems <input type="checkbox"/> Electricity <input type="checkbox"/> Electrical isolation <input type="checkbox"/> Fire alarm isolation <input type="checkbox"/> Confined spaces <input type="checkbox"/> Asbestos	
		Others specify:	
	<b>C</b>	Contractor workgroup Hazards (as specified on RAMS- how the staff/ public may be at risk)	
		<input type="checkbox"/> Hot work <input type="checkbox"/> Working at height <input type="checkbox"/> Electrical <input type="checkbox"/> Machinery	
		Others specify:	
	<b>D</b>	Extra safety precautions required ( in addition to general site rules specified in induction)	
		<input type="checkbox"/> Barrier/ segregation <input type="checkbox"/> Safety footwear <input type="checkbox"/> Noise protection <input type="checkbox"/> Eye protection	
		Others specify:	
	<b>E</b>	Agreed usage of HB service / HB equipment	
	<input type="checkbox"/> Electricity <input type="checkbox"/> Compressed air <input type="checkbox"/> Water <input type="checkbox"/> Welfare facilities		
	Other specify:		
	<b>F</b>	If job includes working on building fabric, services, risers or ceiling voids and the building was built before 2000. Check asbestos register and record below. Stop work if asbestos is suspected	
	<input type="checkbox"/> Database checked <input type="checkbox"/> No ACM's indicated <input type="checkbox"/> Job can proceed <input type="checkbox"/> Support required		
	<b>G</b>	Permits required	
	<input type="checkbox"/> Asbestos <input type="checkbox"/> Medical gas <input type="checkbox"/> Electrical HV/LV <input type="checkbox"/> Hot work <input type="checkbox"/> Confined space <input type="checkbox"/> Excavation <input type="checkbox"/> Radiation <input type="checkbox"/> Working at height		
Sign	<b>H</b>	The contractor recipient specified in section A has discussed with the HB Supervising Officer all aspects of B,C,D, E, F,G and acknowledges they understand and will abide by the contents of this form	
	HB Supervising Officer:	Signature:	Date:
	Contractor:	Signature:	Date:
	1	Contractors must comply with health & safety rules and provide copies of current insurances	
	2	All persons under the control shall be competent to work safely	
	3	A Safe System of Work (SSoW) shall be agreed with your contact before any work commences	
	4	Contractors must provide appropriate portable fire appliances and be familiar with local emergency procedures	
	5	The normal means of escape must not be obstructed without temporary alternative arrangements being made	
	6	Faulty tools and equipment must not be brought onto site	
	7	110V Electrical tools are preferred. If 240v tools are used they must be double insulated and RCD protected	
	8	All equipment shall be within their current safety certification period	
	9	Appropriate PPE must be worn at all times in MANDATORY AREAS, safety footwear must be worn at all times	
	10	You have a duty of care to ensure you have agreed and are in receipt of a Permit to Work for high risk activities	
	11	Contractors should view the organisation's Asbestos Register before commencing work	
	12	Before handling unfamiliar materials, refer to the material safety data sheets and COSHH assessments	
	12	No plant and equipment shall be tampered with, have guards removed or be misused	



GIG  
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NHS  
WALES

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Hywel Dda  
University Health Board

14	The UHB operate a No Smoking Policy across all properties including grounds, buildings and parked vehicles
15	All operatives must be fit and healthy to carry out the work element and not be infectious



## Appendix 4: Contractor on Site Inspection Record

Estates& Facilities and Capital Management



### Contractor on Site Inspection Record

<b>Project Reference / Title Location</b>	
<b>Name of Contractor / Company</b>	
<b>Name of Person Undertaking the Inspection</b>	
<b>Date</b>	<b>Time of Visit</b>
<b>HB Contact Supervising Officer:</b>	

Q	To be completed by the supervising officer or person acting on his behalf	Yes	No	N/A
1	Is a copy of the RAMS available and are all contractors working to the agreed safe system of work?			
2	Are all personnel on site inducted, signed in and wearing ID badges?			
3	Is the work being adequately supervised?			
4	Is the work area segregated			
5	Is equipment not in use and materials including waste suitably stored?			
6	Are all emergency escape routes accessible at all times during the works			
7	Is appropriate PPE being worn by all contractors?			
8	Is all electrical equipment being used either battery operated or 110v CTE?			
9	Do all portable/transportable electrical equipment, pressure systems & climbing safety equipment have the appropriate certification?			
10	Are appropriate permits to work in place and being adhered to for any high risk activities? (*see list below)			
11	Does the job include work on the building fabric, services, in risers or ceiling voids (buildings before 2000) and has the asbestos database been checked?			
12	Are all COSHH materials being used and stored in accordance with risk assessments and Material Safety Data Sheets (MSDS)?			
11	Is there any evidence of smoking on site?			

Comments	
No	Remedial Action

**If there is a procedural breach**

1. First minor breach – verbal warning
2. Second minor breach – written warning and suspend work until resolved
3. Third minor breach – suspend work and refer to relevant senior manager

**If there is a significant breach causing imminent risk of serious injury**

1. First significant breach – suspend work and refer to relevant senior manager
2. Second significant breach – contractor approval revoke

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## References

The following legislation and reference sources have been used in the compilation of this Contractor Control Policy.

### Legislation:

All operations must conform to each of the following Acts/Regulations (list not exhaustive):

- Health and Safety at Work Act 1974
- Confined Spaces Regulations 1997
- Construction (Design and Management) Regulations 2015 (CDM)
- Control of Asbestos Regulations 2012
- Control of Noise at Work Regulations 2005
- Control of Substances Hazardous to Health Regulations 2002 (COSHH) (& Amendments)
- Control of Vibration at Work Regulations 2005
- Electricity at Work Regulations 1989
- Environmental Protection Act 1990
- Hazardous Waste (England and Wales) Regulations 2005
- Health and Safety (First Aid) Regulations 1981
- Health and Safety (Safety Signs and Signals) Regulations 1996
- Lifting Operations and Lifting Equipment Regulations 1998 (LOLER)
- Management of Health and Safety at Work Regulations 1999
- Manual Handling Operations Regulations 1992
- Regulatory Reform (Fire Safety) Order 2005
- Personal Protective Equipment at Work Regulations 1992
- Provision and Use of Work Equipment Regulations 1998 (PUWER)
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)
- Waste Electronic and Electrical Equipment (WEEE) Regulations 2006
- Water Regulations 1999
- Work at Height Regulations 2005 (& Amendments)
- Workplace (Health, Safety and Welfare) Regulations 1992

### Reference Material:

- HSE Guidance HSG 159 (2<sup>nd</sup> Edition) (2011) Managing Contractors a Guide for employers
- HSE Guidance HSG 368 (Rev 1) (2012) Using Contractors a Brief Guide
- HSE ACOP L24 (2<sup>nd</sup> Edition) (2013) Workplace health, safety and welfare
- HSE ACOP L101 (3<sup>rd</sup> Edition) (2014) Safe work in confined spaces
- HSE ACOP L143 (2<sup>nd</sup> Edition) (2013) Managing and working with asbestos
- HSE Guidance L153 (2015) Managing health and safety in construction (CDM)
- HSE Guidance HSG65 (3<sup>rd</sup> Edition) (2013) Managing for health and safety
- HSE Guidance HSG150 (3<sup>rd</sup> Edition) (2006) Health and safety in construction
- HSE Publication EH40/2005 (2<sup>nd</sup> Edition) (2011) Workplace exposure limits

Further information is available on the HSE website: <http://www.hse.gov.uk> Opens in a new tab

## SUMMARY EQUALITY IMPACT ASSESSMENT – 541 Control Contractors Policy

<b>Organisation:</b>	Hywel Dda University Health Board
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<b>Proposal Sponsored by:</b>	<b>Name:</b>	Paul Evans
	<b>Title:</b>	Head of Estates Risk & Compliance, Estates & Facilities
	<b>Department:</b>	Estates Department

<b>Policy Title:</b>	Contractor Control Policy
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<b>Brief Aims and Objectives of Policy:</b>	<p>The policy describes the framework by which the Health Board manages the control of contractors.</p> <p>The policy aims to ensure, so far as is reasonably practicable, the health, safety, and welfare of Health Board Staff, patients, visitors, contractors and subcontractors, the public, and all others who could be affected by the activities of contractors, by the following means:</p> <ul style="list-style-type: none"><li>• Health Board staff with key responsibilities, and contractor's staff discharge their responsibilities in accordance with the policy, and related procedural guidance.</li><li>• Effective cooperation, Communication, and Coordination between Health Board staff and Contractors is established at the beginning and maintained throughout the duration of the work.</li><li>• All Health and Safety matters are considered during the planning phase, and continually reviewed throughout the project.</li><li>• Contractors are checked for competence to undertake the work.</li><li>• The activities of contractors are suitably monitored whilst on Health Board premises.</li><li>• A suitable review of the contractors work is undertaken on completion.</li></ul>
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<b>Was the decision reached to proceed to full Equality Impact Assessment?</b>		<b>No</b>
	<p>The policy has no direct relevance to duties under the Equality Act 2010, having a neutral impact on human rights, protected characteristics, or Welsh language. A review of similar policies in other Health Boards in the UK indicated a similar outcome.</p> <p><b>Update February 2023:</b></p> <p>Changes made during this update comprised the following:-</p> <ul style="list-style-type: none"> <li>• Administrative changes - change of document template to current version, and reference to former job / role titles changed to current job / role titles.</li> <li>• Appendices – the process flowchart and supporting summary of actions has been removed from the appendices and instated within the main body of text.</li> </ul> <p>These changes have been assessed as having a neutral impact in relation to equality, diversity and human rights. No complaints have been received in relation to equality, diversity or human rights during the duration of the previous iteration and nothing has arisen during consultation for the update.</p>	
<b>If no, are there any issues to be addressed?</b>		
	Copies of the policy in alternative formats can be made available on request.	

<b>Is the Policy Lawful?</b>	<b>Yes</b>	The policy complies with Health and Safety legislation
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<b>Will the Policy be adopted?</b>	<b>Yes</b>	

<b>Are monitoring arrangements in place?</b>	<b>Yes</b>	
	Yes, the policy will be subject to regular reviews to assess its performance and implementation. Any complaints received in relation to equality, diversity and human rights received following implementation of the policy will be addressed on an individual basis and appropriate action taken.	

<b>Who is the Lead Officer?</b>	<b>Name:</b>	Andrew Carruthers
	<b>Title:</b>	Executive Director of Operations
	<b>Department:</b>	Operations
<b>Review Date of Policy:</b>	March 2026	

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Signature of all parties:	Name	Title	Signature
	Paul Evans	Head of Estates Risk & Compliance, Estates & Facilities	Information transferred across from previous version
	Robin Smith	Operations Compliance Officer	08/02/2023
	Alan Winter	Senior Diversity & Inclusion Officer	8/2/2023